

JERSEY CITY RECREATION



BOXING

**OPEN TO
BOYS AND GIRLS
AGES 7 - 18**

MS #7, 222 LAIDLAW AVENUE

MONDAY THROUGH FRIDAY

4:00PM - 8:00PM

4:00PM - 6:00PM, AGES 7 - 11

6:00PM - 8:00PM, AGES 12 - 18

REGISTRATION ONLINE: <https://jcrec.recdesk.com>

**ONCE ONLINE REGISTRATION IS COMPLETED YOU MUST BRING BIRTH
CERTIFICATE AND PROOF OF RESIDENCY TO: MS #7, 222 LAIDLAW AVE.**

SEE LUIS "MOSQUITO" GONZALEZ

(AFTER SCHOOL TUTORING AVAILABLE FOR HOMEWORK)



*For more information please call 201-547-5003,
email recreation@jcnj.org or visit <https://jcrec.recdesk.com>.*

NOT A SCHOOL DISTRICT SPONSORED PROGRAM



THE CITY OF JERSEY CITY
MAYOR STEVEN M. FULOP
THE MUNICIPAL COUNCIL
THE DEPARTMENT OF RECREATION
ARTHUR J. WILLIAMS, DIRECTOR





**MAYOR STEVEN M. FULOP
THE JERSEY CITY MUNICIPAL COUNCIL
AND
THE DEPARTMENT OF RECREATION**



JERSEY CITY RECREATION BOXING

PARTICIPATION FORM

Each section and this entire form must be read, completed and signed by parent/guardian before the participant is allowed to take part in any recreational programs.

Name: _____ Male: _____ Female: _____
Address: _____ Ward _____
City, State, Zip: _____
Date of Birth: _____ Email Address: _____
Home Phone #: _____ Cell Phone #: _____
School & Address: _____ Grade: _____ as of September 2018
Medical Conditions: _____
Name of Parent/Guardian: _____
Permission to post pictures: Yes _____ No _____
Person to Notify in Case of Emergency: _____ Relationship: _____
Emergency Contact #: Home: _____ Work: _____

Medical Conditions:

As determined by my physician, I am in good physical condition and I am not aware of any present or previous disease or injury that would result in my being impaired during my participation with the Jersey City Department of Recreation Boxing Program. I empower the staff to exercise reasonable care in the event of an emergency.

I hereby agree to abide by the rules and regulations set forth by the Department of Recreation.

Parent/Guardian: _____ Date: _____



staff use only